Michigan Medicaid

Ambulance Billing

Ambulance

- Get Ready for 5010
- ICD 10
- CHAMPS DDE 5010 changes
- Claim Inquiry –Filters
- Claim Limit List
- Third Party Liability – TPL
- Common Denials
- Ambulance Policy info

GET READY FOR HIPAA 5010

Implementation Date

January 1, 2012

Does this affect you?

- HIPAA 5010 will apply if you
  - Currently use version 4010A1 of the standard electronic transactions
  - Wish to begin electronically submitting, reporting or inquiring about health care transactions
- You must comply with the standards on the compliance date (January 1, 2012) or ***your transactions will be rejected***.

Does this affect you?

- Start planning now. Talk with your software vendor and billing agent.
- Do not assume the HIPPA 5010 transition will be handled by your vendor or billing agent.
- Confirm your vendors, billing agents and other partners can support 5010 requirements.

Changes

- Full support of National Provider Identifier reporting and ICD-10 Codes, effective 10/1/2013
- Requires 9 digit Zip codes at billing and servicing provider loops
- Expands the number of diagnosis codes to 12
- Pay-to-provider address required when **different** than Billing Provider
- *DDE changes in CHAMPS

CHAMPS DDE CHANGES

Claim- Header

- +Ambulance Information check box
  - If box is checked it will expand for additional fields
  - All fields are situational/not required
  - If not closed “transportation distance in miles” field is required
- New fields include:
  - Pick up & drop off location including address
  - Patient weight
  - Transportation reason code
  - Transportation distance
  - Round trip purpose descriptions (free form text 80 characters)
  - Stretcher purpose descriptions (free form text 80 characters)
  - Condition Indicators

Path: MyInbox/ Submit Professional Claim

Menu

Close | Submit Claim | Save as Template | Reset

CONDITION INFORMATION

1. Condition Code: * Add Another

DELAY REASON

Delay Reason Code: *

AMBULANCE INFORMATION

Pick-up Location Address

Address:
Address:
City Name:
State/Province:
Postal Code:
Country: USA
Country Subdivision Code:

Drop-off Location Address

Last Name/ Organization Name:
Address:
Address:
City Name:
State/Province:
Postal Code:
Country: USA
Country Subdivision Code:

Patient Weight: lb
Transportation Reason Code:
Transport Distance: miles *

Round Trip Purpose Description:
Characters Remaining: 80

Stretcher Purpose Description:
Characters Remaining: 80

Condition Indicator: 1: 2: 3: 4: 5:

Add Another

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy * To: mm dd yyyy *

CHAMPS DDE CHANGES

- Claim – Service Line
  - +Ambulance Information Check box
    - Same as header
    - Additional field of PATIENT COUNT FIELD
    - To be used with multiple patient transports
    - Default to 1 until provider changes it
    - Editable on Adjustments
    - Will appear in SHOW MENU BOX

- Institutional- Hospital Based Ambulance
  - No changes
  - Recommend submit claims with taxonomy code to allow appropriate pricing, payment and reporting of claims.

Mandatory Testing

- Spring 2011 through December 31, 2011- Validation testing
- Spring 2011- Pilot testing for selected providers and/or billing agents
- Summer 2011 to Fall 2011- All remaining providers billing agents complete testing
- January 1, 2012

Test instructions will be available on the MDCH website: www.michigan.gov/5010ICD10

Additional Information

- TR3s (IG) available for purchase from Washington Publishing Company at http://www.wpc-edi.com
- www.michigan.gov/5010ICD10
- Email questions to MDCH-5010@Michigan.gov

GET READY FOR HIPAA ICD 10

Implementation Date

October 1, 2013

What is ICD-10?

- International Classification of Diseases, 10th Revision
- Standard medical code set for diagnoses (CM) & inpatient procedure codes (PCS)
- Replaces ICD-9-CM
- Mandated under HIPAA
- Final Rule published January 16, 2009
- Compliance date October 1, 2013
- Impacts entire health care industry

How Does ICD-10 Impact You?

- Starting 10-1-13 all HIPAA covered entities must use ICD-10 codes in place of ICD-9 codes
- Claims submitted with ICD-9 codes with a DOS on or after 10-1-13 will be rejected
- Providers should learn about ICD-10 structure, organization and features
- Identify all places that you currently use ICD-9 and understand the impact of the transition on your business
- Communicate with your payers, vendors, & other trading partners about their ICD-10 plans

Start ICD-10 Planning Now!

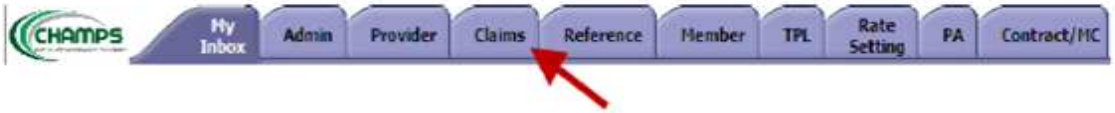
CHAMPS Claims

Claim Inquiry

Claims Inquiry

- If you are viewing claims thru the Inquire Claims hyperlink, you are not able to modify data. The Inquire Claims hyperlink is VIEW ONLY!

1. Select CLAIMS tab

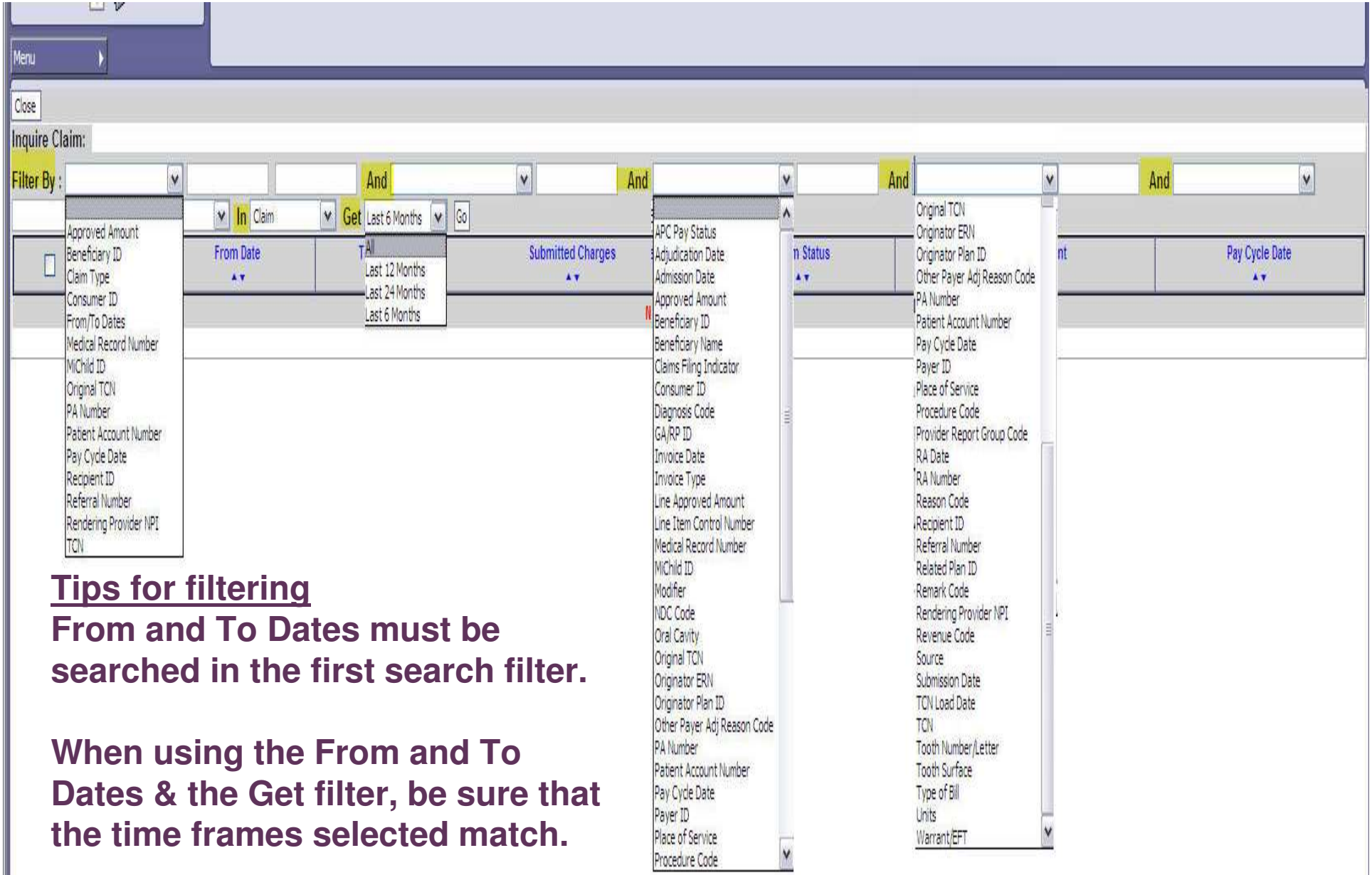


2. Click on **Inquire Claims** Hyperlink

3. Click on **Inquire Claims** Hyperlink

Claims inquiry

- In order to access the claim(s) you must use the filter by function. You are able to perform your search by using:
  - Up to 5 Filters
  - A claim status
  - A specific time frame
  - Fee for service claim or encounter
- Filtering allows you to limit the amount of claims you want to view.

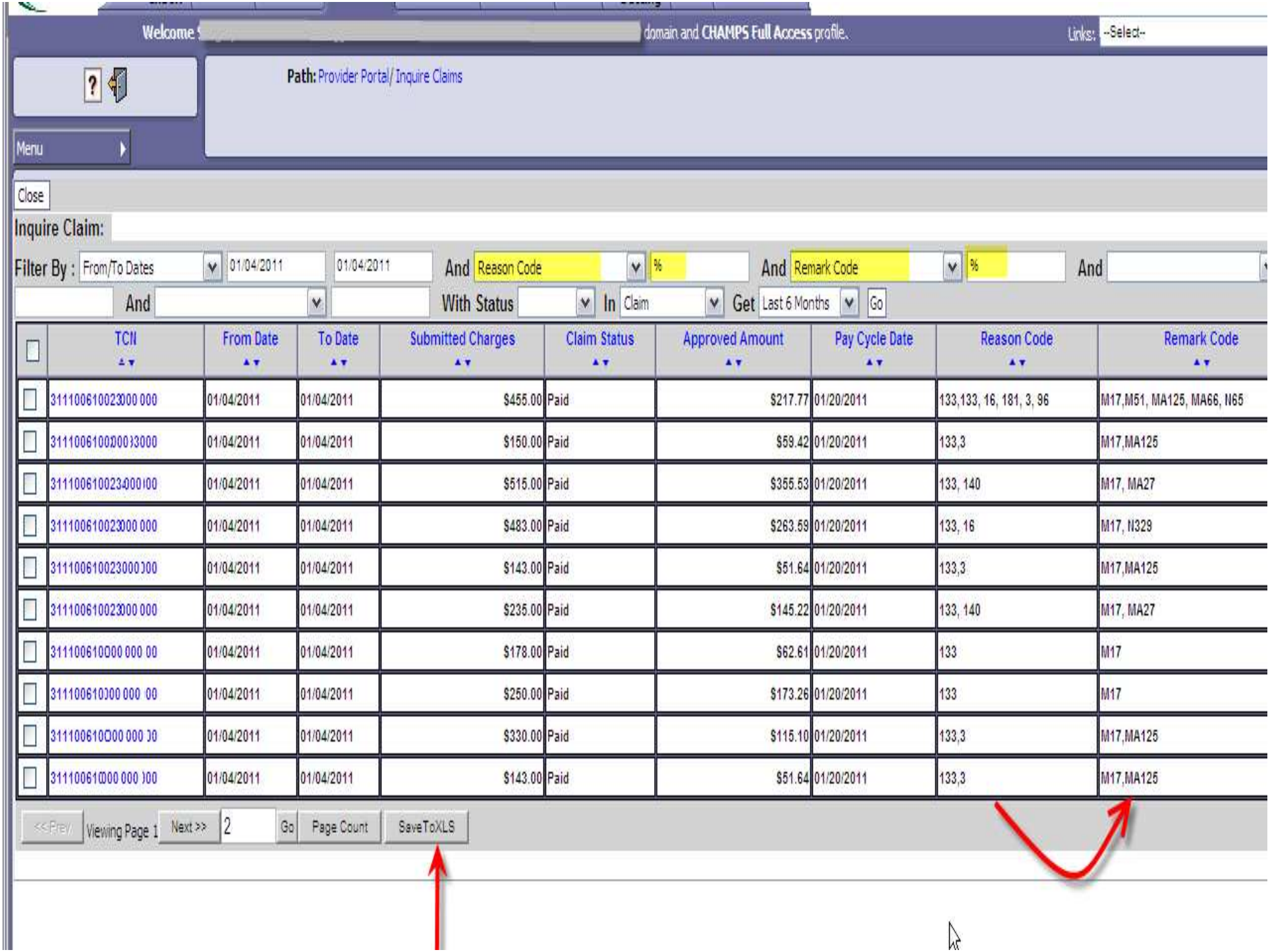


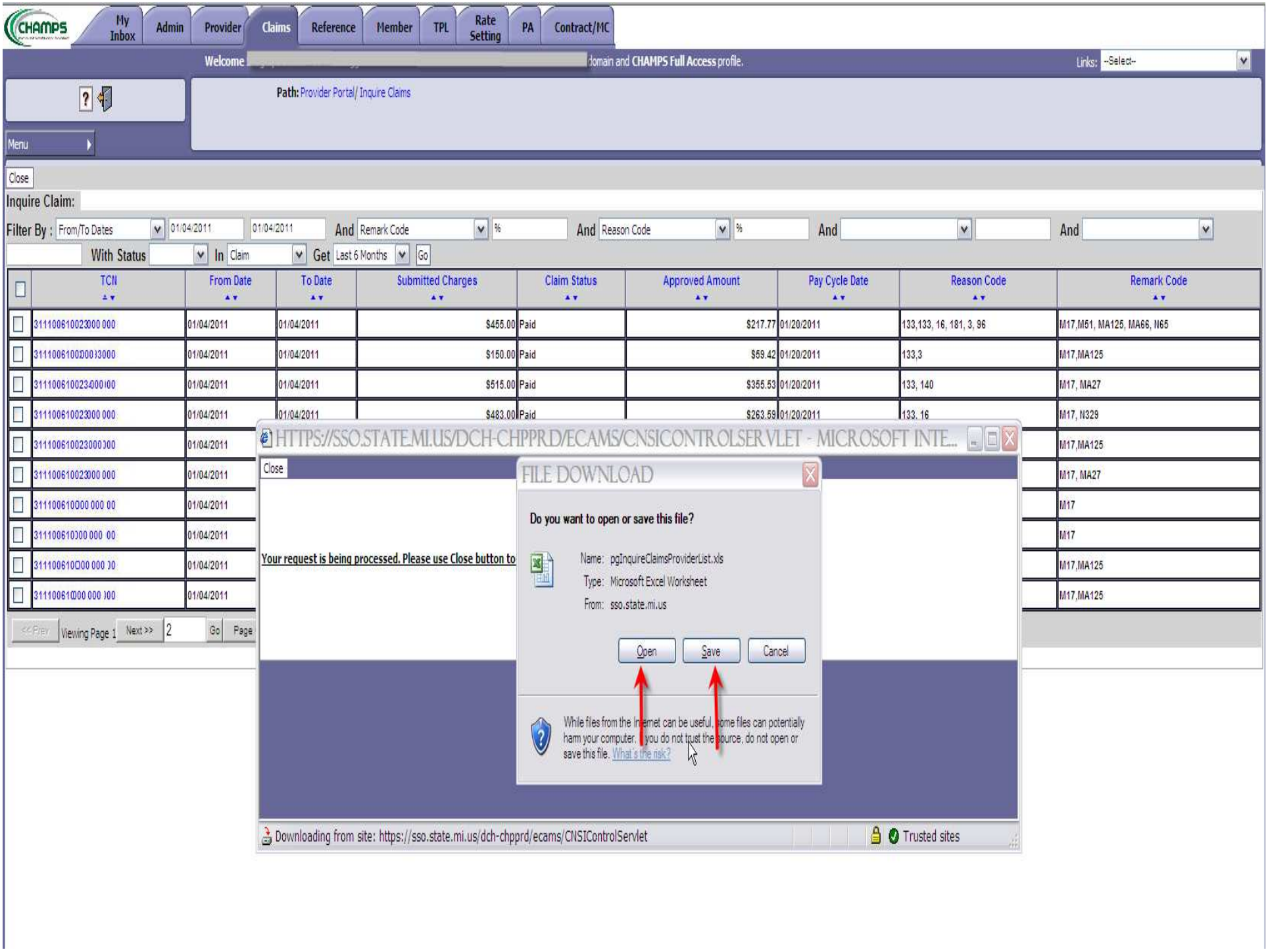
Tips for filtering

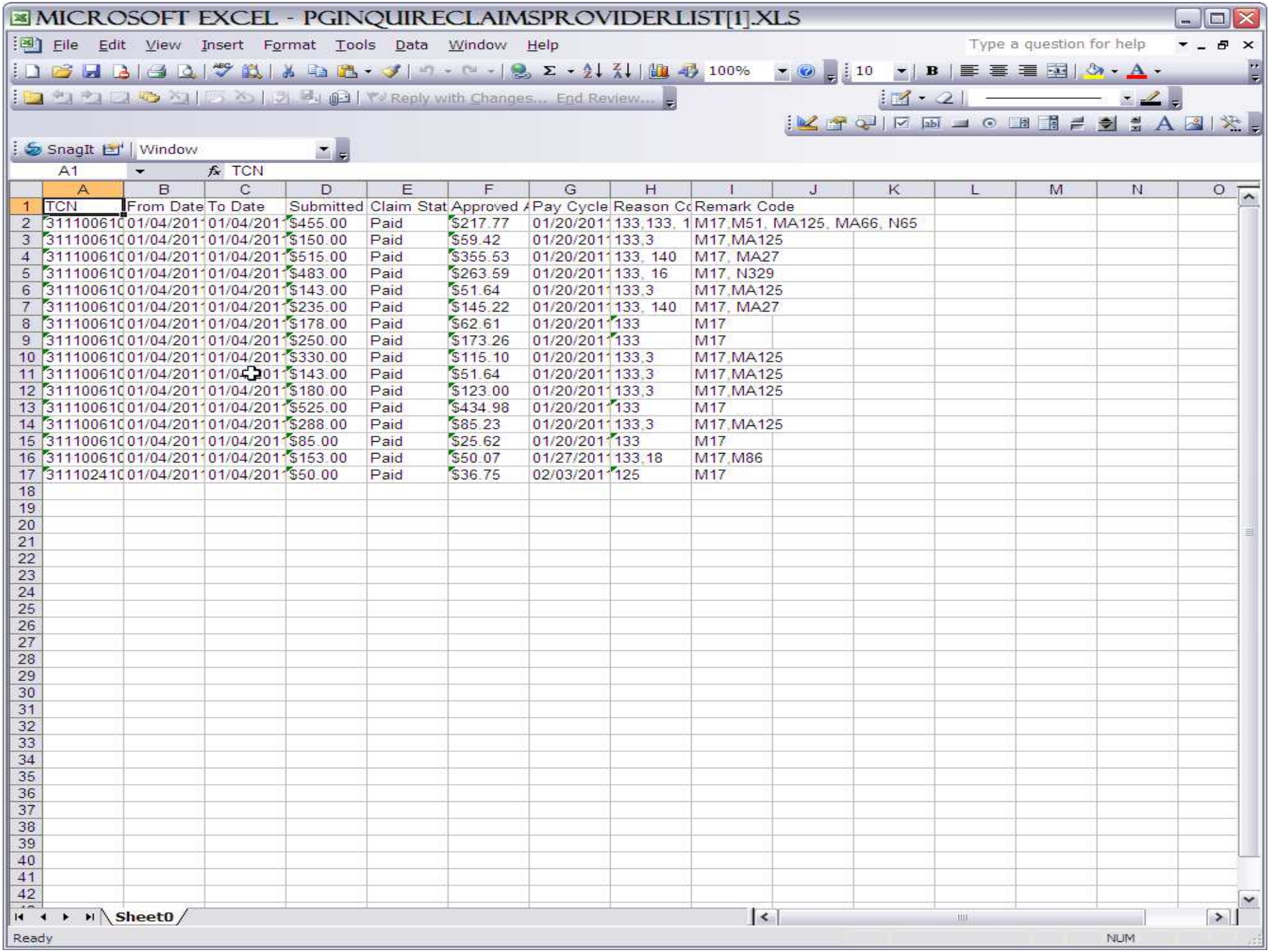
From and To Dates must be searched in the first search filter.

When using the From and To Dates & the Get filter, be sure that the time frames selected match.

If you are looking for a specific claims to view, filter by the TCN


Welcome
domain and CHAMPS Full Access profile.
Links: --Select--
Path: Provider Portal/ Inquire Claims
Menu
Close
Inquire Claim:
Filter By : From/To Dates 01/04/2011 01/04/2011 And Reason Code % And Remark Code % And
And With Status In Claim Get Last 6 Months Go
TCN
From Date
To Date
Submitted Charges
Claim Status
Approved Amount
Pay Cycle Date
Reason Code
Remark Code
31110061002300 000 01/04/2011 01/04/2011 $455.00 Paid $217.77 01/20/2011 133,133, 16, 181, 3, 96 M17,M51, MA125, MA66, N65
31110061002 00 3000 01/04/2011 01/04/2011 $150.00 Paid $59.42 01/20/2011 133,3 M17,MA125
31110061002340001 00 01/04/2011 01/04/2011 $515.00 Paid $355.53 01/20/2011 133, 140 M17, MA27
31110061002300 000 01/04/2011 01/04/2011 $483.00 Paid $263.59 01/20/2011 133, 16 M17, N329
31110061002300 300 01/04/2011 01/04/2011 $143.00 Paid $51.64 01/20/2011 133,3 M17,MA125
31110061002300 000 01/04/2011 01/04/2011 $235.00 Paid $145.22 01/20/2011 133, 140 M17, MA27
31110061000 000 00 01/04/2011 01/04/2011 $178.00 Paid $62.61 01/20/2011 133 M17
31110061000 000 00 01/04/2011 01/04/2011 $250.00 Paid $173.26 01/20/2011 133 M17
31110061000 000 00 01/04/2011 01/04/2011 $330.00 Paid $115.10 01/20/2011 133,3 M17,MA125
31110061000 000 00 01/04/2011 01/04/2011 $143.00 Paid $51.64 01/20/2011 133,3 M17,MA125
<<Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS


My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome
domain and CHAMPS Full Access profile.
Links: --Select--
Path: Provider Portal/ Inquire Claims
Menu
Close
Inquire Claim:
Filter By : From/To Dates 01/04/2011 01/04/2011 And Remark Code % And Reason Code % And And
With Status In Claim Get Last 6 Months Go
TCN
From Date
To Date
Submitted Charges
Claim Status
Approved Amount
Pay Cycle Date
Reason Code
Remark Code
01/04/2011 01/04/2011 $455.00 Paid $217.77 01/20/2011 133,133, 16, 181, 3, 96 M17,M51, MA125, MA66, N65
01/04/2011 01/04/2011 $150.00 Paid $59.42 01/20/2011 133,3 M17,MA125
01/04/2011 01/04/2011 $515.00 Paid $355.53 01/20/2011 133, 140 M17, MA27
01/04/2011 01/04/2011 $483.00 Paid $263.59 01/20/2011 133, 16 M17, N329
01/04/2011 M17,MA125
01/04/2011 M17, MA27
01/04/2011 M17
01/04/2011 M17
01/04/2011 M17,MA125
01/04/2011 M17,MA125
<<Prev Viewing Page 1 Next >> 2 Go Page
HTTPS://SSO.STATE.MI.US/DCH-CHPPRD/ECAMS/CNSICONTROLSERVLET - MICROSOFT INTE...
Close
Your request is being processed. Please use Close button to
FILE DOWNLOAD
Do you want to open or save this file?
Name: pgInquireClaimsProviderList.xls
Type: Microsoft Excel Worksheet
From: sso.state.mi.us
Open
Save
Cancel
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?
Downloading from site: https://sso.state.mi.us/dch-chpprd/ecams/CNSIControlServlet
Trusted sites



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	TCN	From Date	To Date	Submitted	Claim Stat	Approved A	Pay Cycle	Reason Co	Remark Code						
2	311100610	01/04/201	01/04/201	$455.00	Paid	$217.77	01/20/201	133,133, 1	M17,M51, MA125, MA66, N65						
3	311100610	01/04/201	01/04/201	$150.00	Paid	$59.42	01/20/201	133,3	M17,MA125						
4	311100610	01/04/201	01/04/201	$515.00	Paid	$355.53	01/20/201	133, 140	M17, MA27						
5	311100610	01/04/201	01/04/201	$483.00	Paid	$263.59	01/20/201	133, 16	M17, N329						
6	311100610	01/04/201	01/04/201	$143.00	Paid	$51.64	01/20/201	133,3	M17,MA125						
7	311100610	01/04/201	01/04/201	$235.00	Paid	$145.22	01/20/201	133, 140	M17, MA27						
8	311100610	01/04/201	01/04/201	$178.00	Paid	$62.61	01/20/201	133	M17						
9	311100610	01/04/201	01/04/201	$250.00	Paid	$173.26	01/20/201	133	M17						
10	311100610	01/04/201	01/04/201	$330.00	Paid	$115.10	01/20/201	133,3	M17,MA125						
11	311100610	01/04/201	01/04/201	$143.00	Paid	$51.64	01/20/201	133,3	M17,MA125						
12	311100610	01/04/201	01/04/201	$180.00	Paid	$123.00	01/20/201	133,3	M17,MA125						
13	311100610	01/04/201	01/04/201	$525.00	Paid	$434.98	01/20/201	133	M17						
14	311100610	01/04/201	01/04/201	$288.00	Paid	$85.23	01/20/201	133,3	M17,MA125						
15	311100610	01/04/201	01/04/201	$85.00	Paid	$25.62	01/20/201	133	M17						
16	311100610	01/04/201	01/04/201	$153.00	Paid	$50.07	01/27/201	133,18	M17,M86						
17	311102410	01/04/201	01/04/201	$50.00	Paid	$36.75	02/03/201	125	M17						
18															
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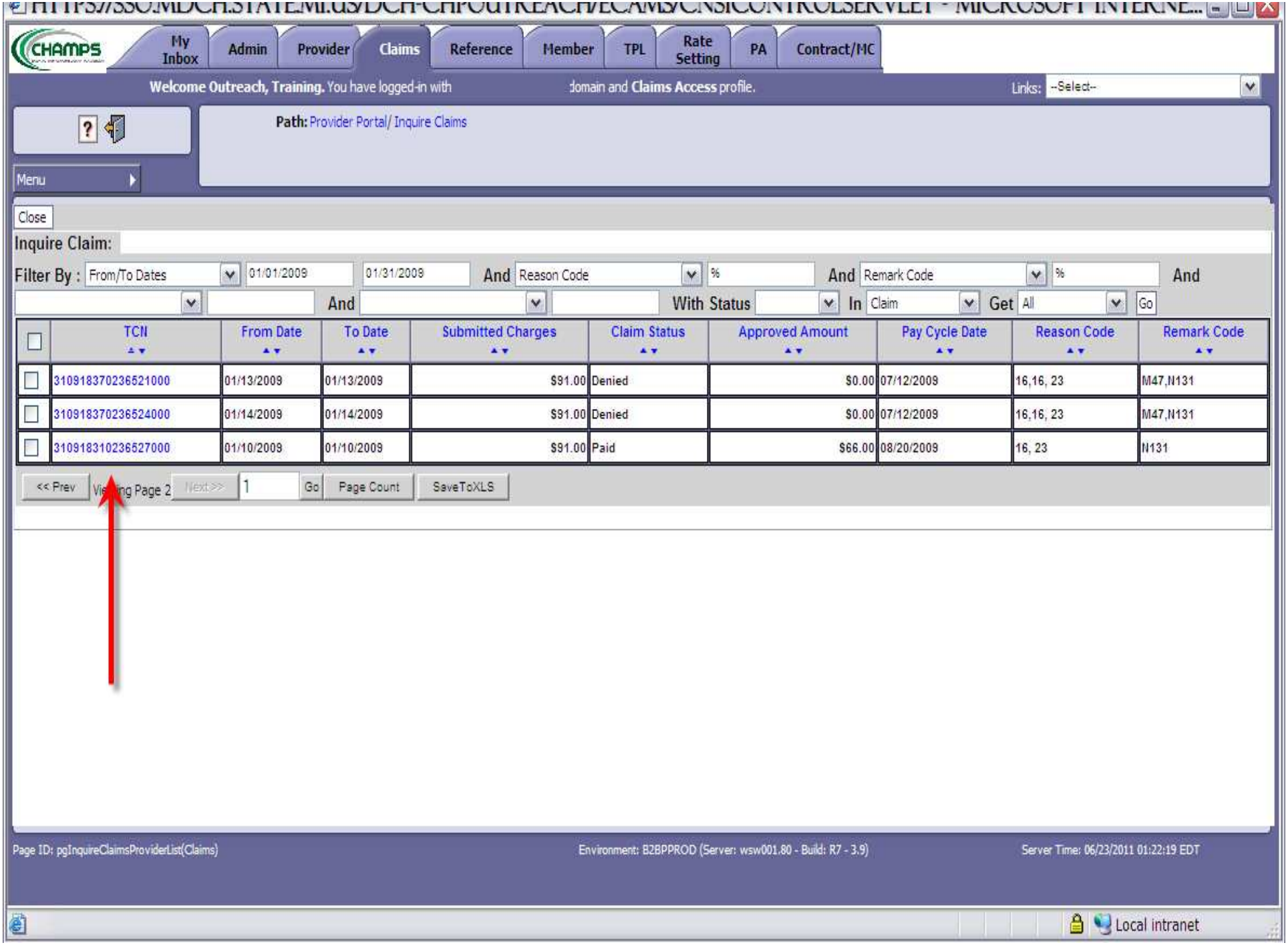
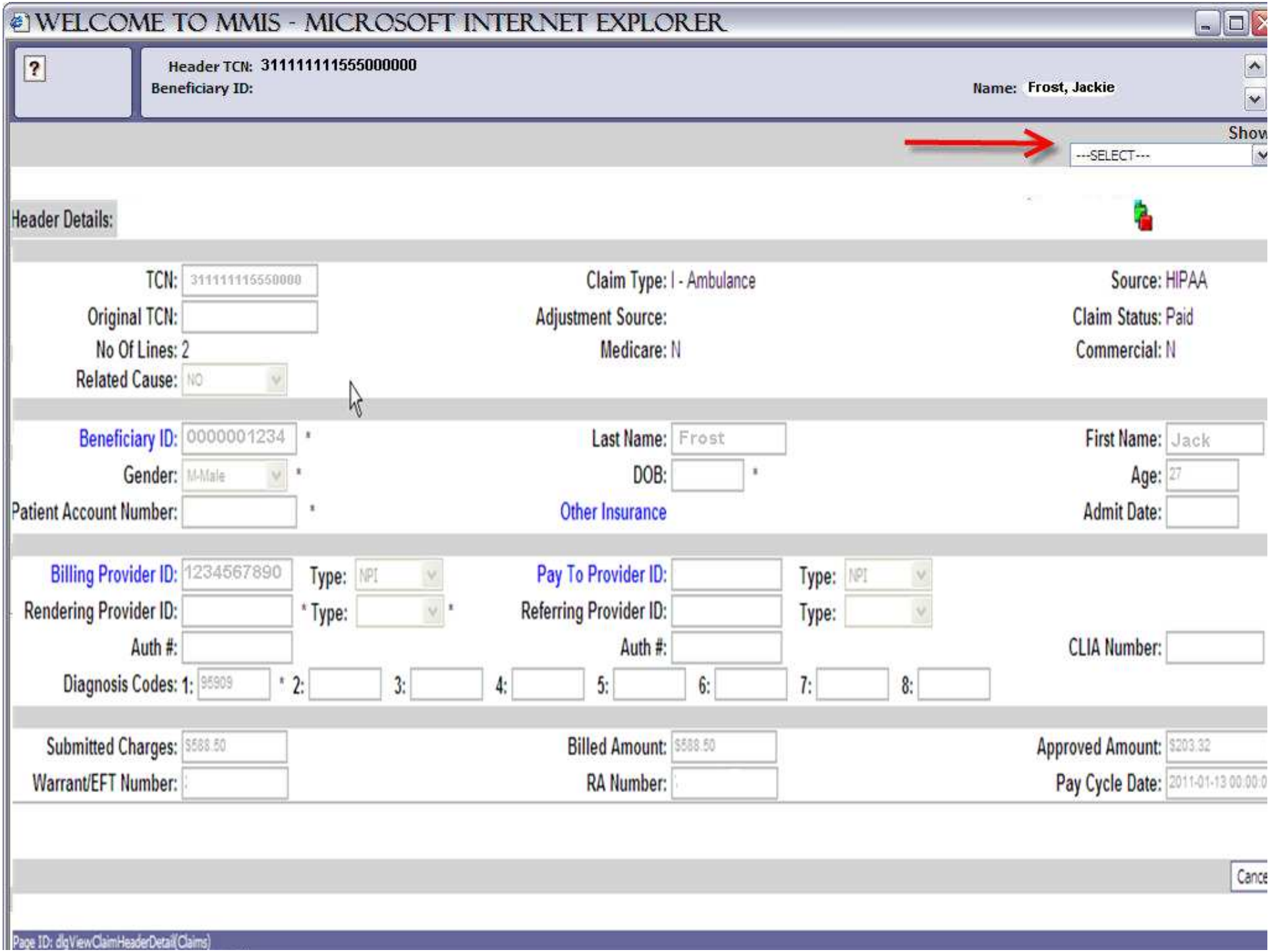
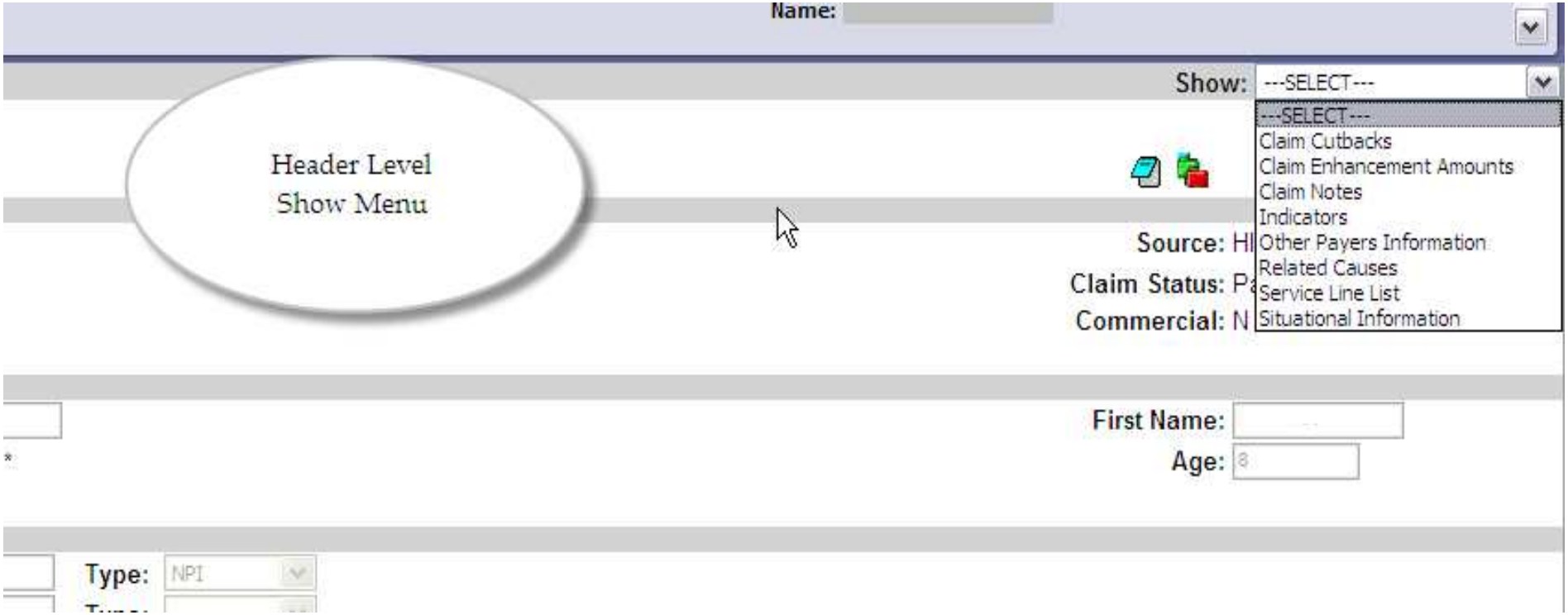

CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome Outreach, Training. You have logged-in with
domain and Claims Access profile.
Links: --Select--
Path: Provider Portal/ Inquire Claims
Menu
Close
Inquire Claim:
Filter By : From/To Dates 01/01/2009 01/31/2009 And Reason Code % And Remark Code % And
And With Status In Claim Get All Go
TCN
From Date
To Date
Submitted Charges
Claim Status
Approved Amount
Pay Cycle Date
Reason Code
Remark Code
310918370236521000 01/13/2009 01/13/2009 $91.00 Denied $0.00 07/12/2009 16,16, 23 M47,N131
310918370236524000 01/14/2009 01/14/2009 $91.00 Denied $0.00 07/12/2009 16,16, 23 M47,N131
310918310236527000 01/10/2009 01/10/2009 $91.00 Paid $66.00 08/20/2009 16, 23 N131
<< Prev
Next >>
1
Go
Page Count
SaveToXLS
Page ID: pgInquireClaimsProviderList(Claims)
Environment: B2BPPROD (Server: wsw001.80 - Build: R7 - 3.9)
Server Time: 06/23/2011 01:22:19 EDT
Local intranet

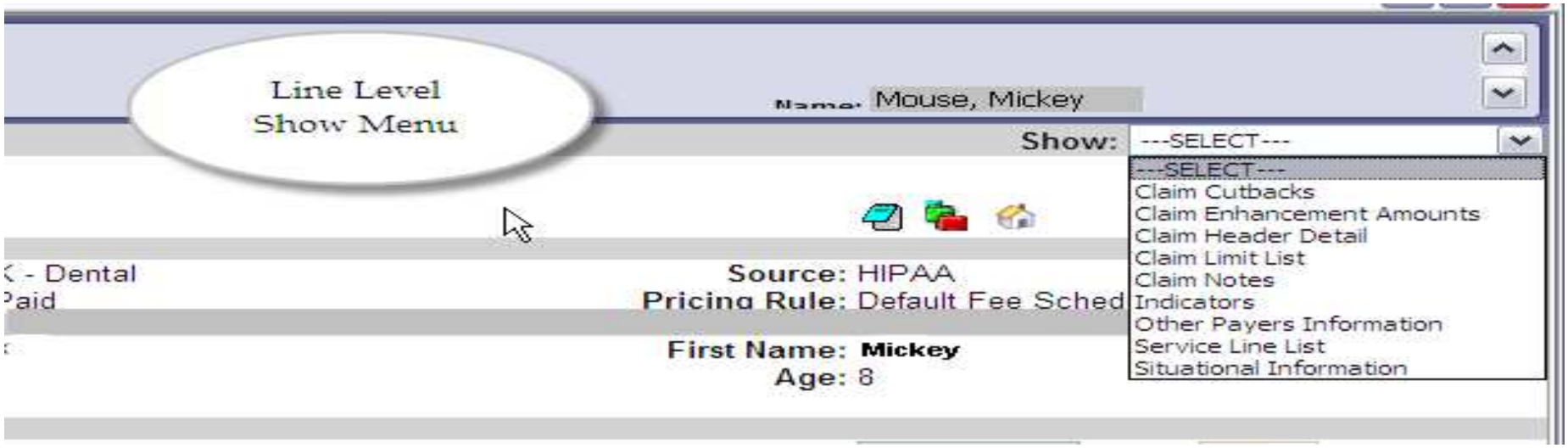

WELCOME TO MMIS - MICROSOFT INTERNET EXPLORER
Header TCN: 311111111555000000
Beneficiary ID:
Name: Frost, Jackie
Show
---SELECT---
Header Details:
TCN: 311111115550000
Claim Type: I - Ambulance
Source: HIPAA
Original TCN:
Adjustment Source:
Claim Status: Paid
No Of Lines: 2
Medicare: N
Commercial: N
Related Cause: NO
Beneficiary ID: 0000001234
Last Name: Frost
First Name: Jack
Gender: M-Male
DOB:
Age: 27
Patient Account Number:
Other Insurance
Admit Date:
Billing Provider ID: 1234567890
Type: NPI
Pay To Provider ID:
Type: NPI
Rendering Provider ID:
Type:
Referring Provider ID:
Type:
Auth #:
Auth #:
CLIA Number:
Diagnosis Codes: 1: 95909 2: 3: 4: 5: 6: 7: 8:
Submitted Charges: $588.50
Billed Amount: $588.50
Approved Amount: $203.32
Warrant/EFT Number:
RA Number:
Pay Cycle Date: 2011-01-13 00:00:0
Cance
Page ID: dlgViewClaimHeaderDetail(Claims)

Claims View -Show Box Menu

- The show box is a drop down box that allows you to move around in a claim.
- This box has different options available depending on if your at the line level or the header level of the TCN
- Ambulance Information will be located in the show menu when 5010 is implemented.



On the line level you have the option of CLAIM LIMIT LIST.



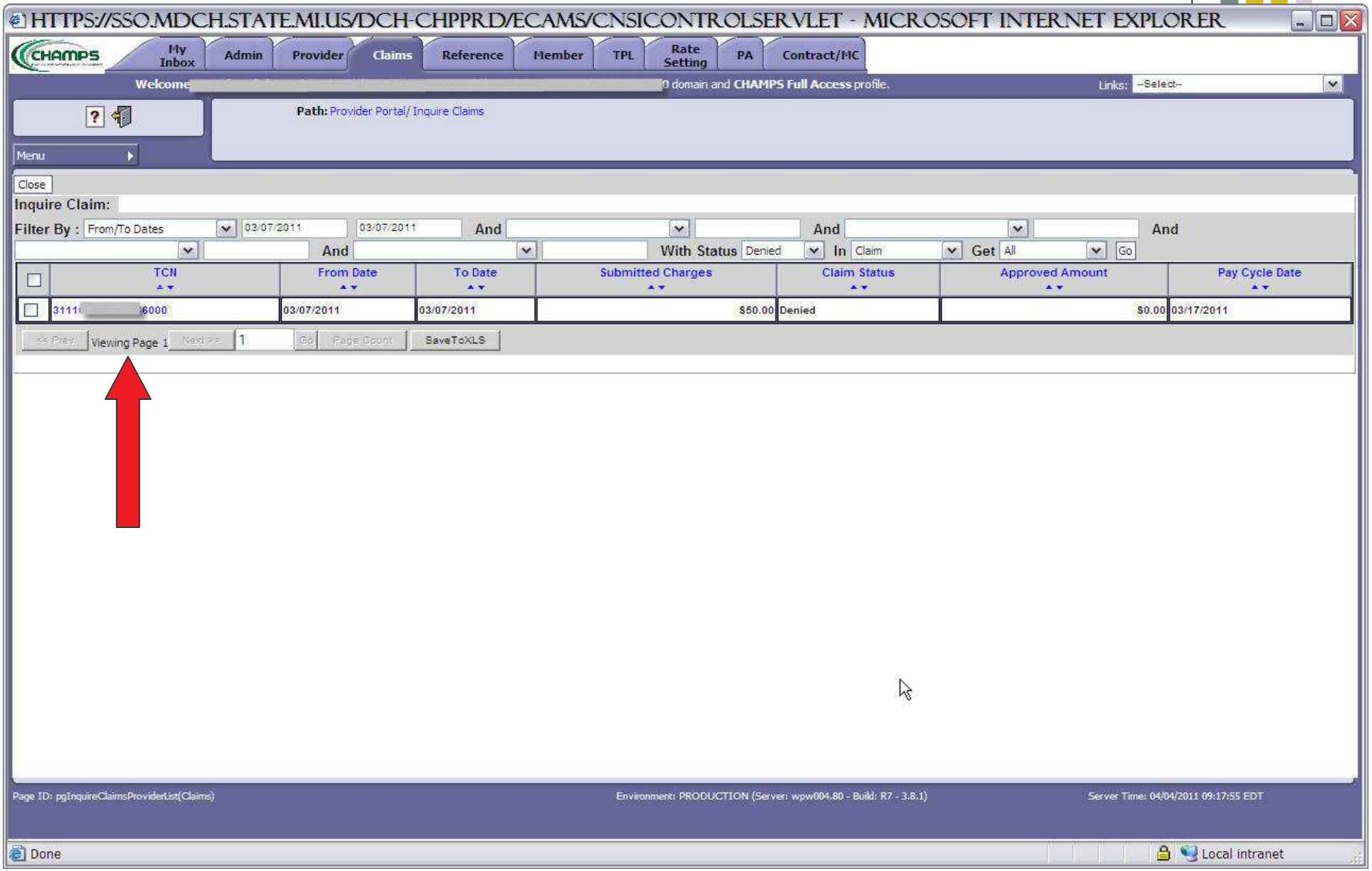
Finding duplicate claims in CHAMPS claims Inquiry

Claim Limit List

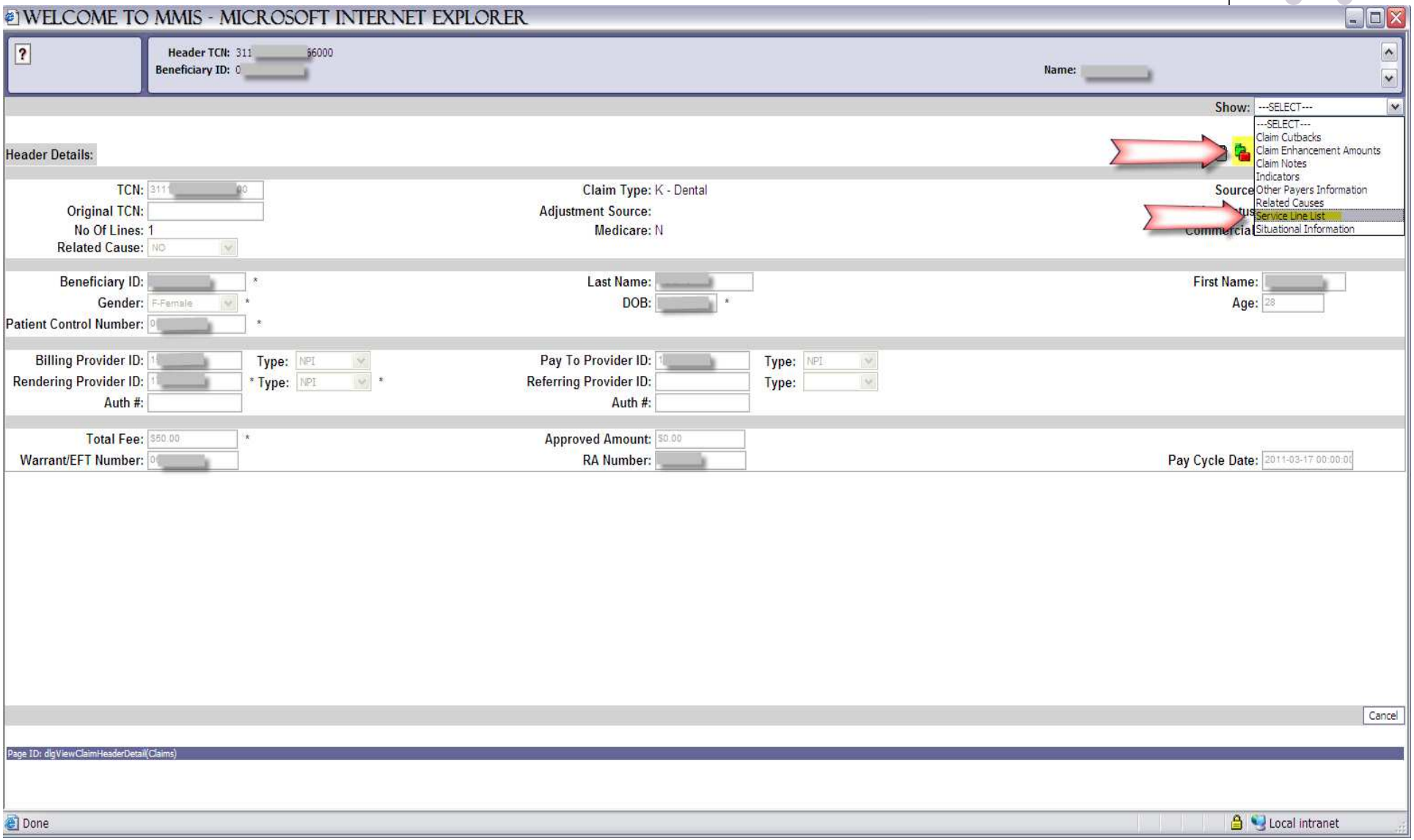
To use when claims get duplicate or limit rejections.

Ex: CARC 18 B5 B13

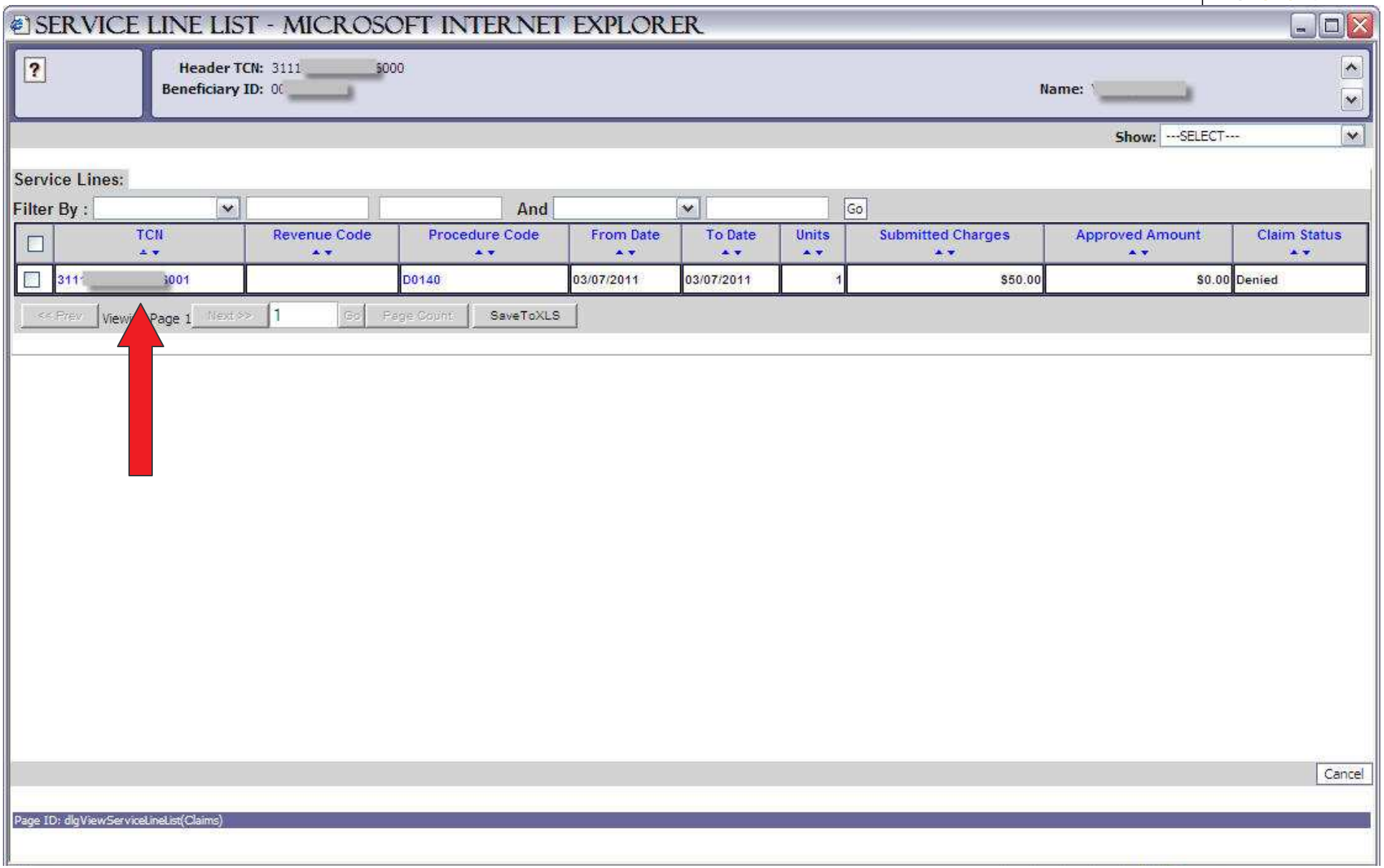
•Pull up the TCN and click on the blue hyper linked TCN to bring up the claim header.



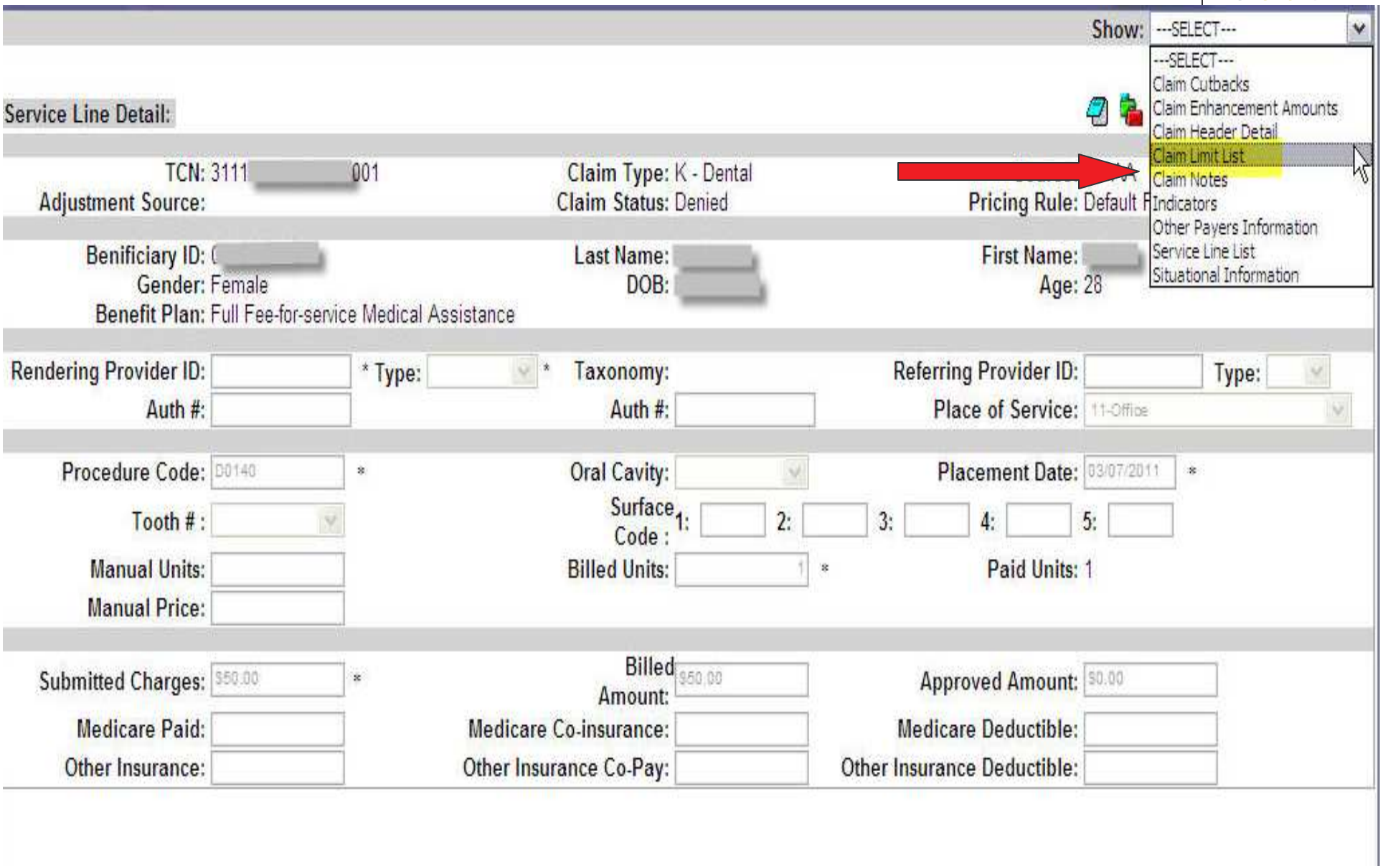
•Click on the show menu from the header screen and select SERVICE LINE LIST. You can also click on the red and green file folder icon on the right side of the page to go into the service lines list.



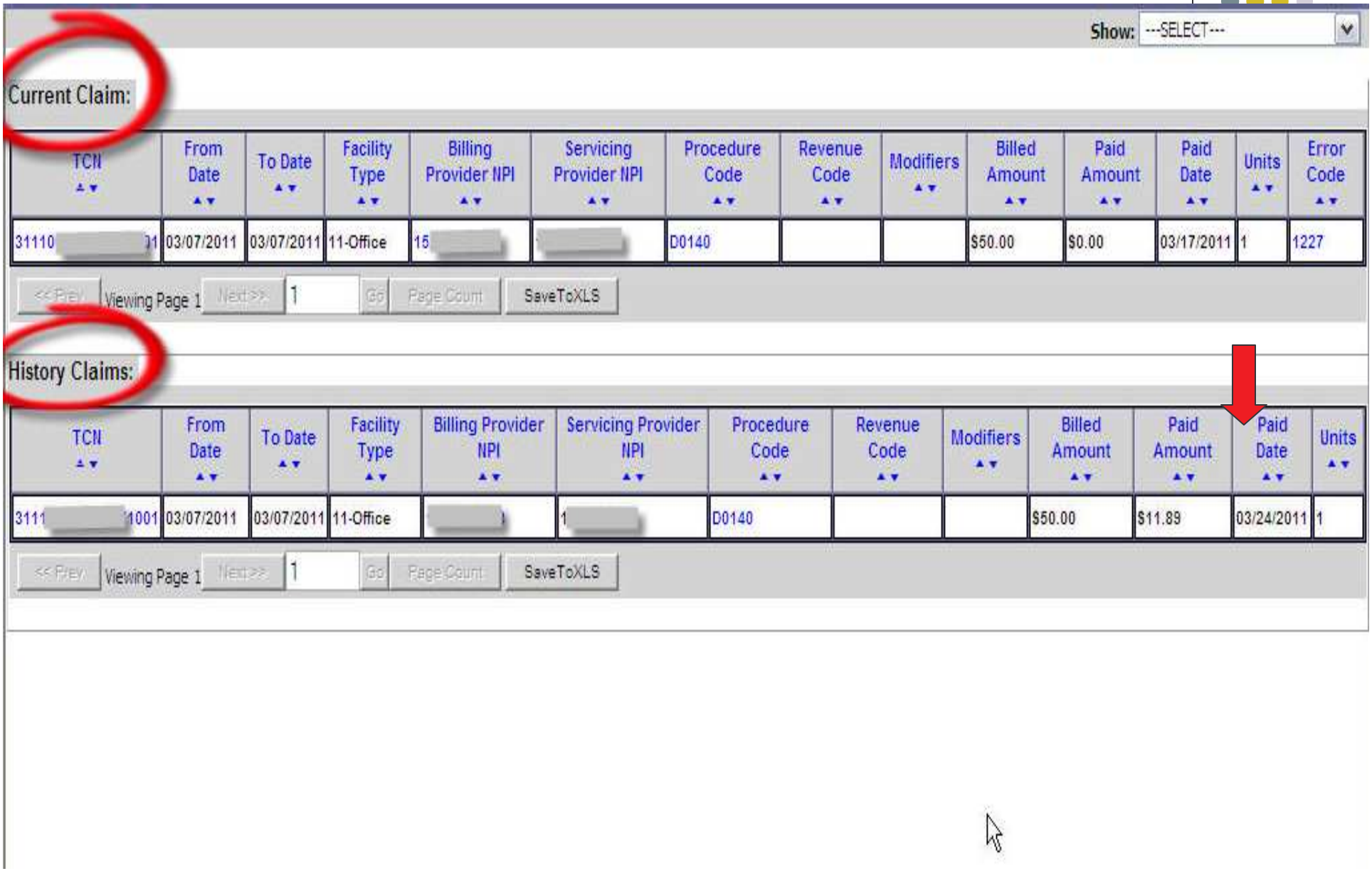
•Click on the service line that is getting the duplicate rejection. In this example there is only 1 line on the claim.



•Go to the top right of the service line detail page and in the SHOW BOX - Select - Claim Limit List. This is only available on the LINE of a claim. This option is NOT available on the HEADER show menu.



•You will be able to view the Current Claim and the History Claims information. On this screen you can see what the current claim is hitting against that is causing the duplicate or limit rejection. You can also see the PAID date where MDCH shows that the claim was previously paid.

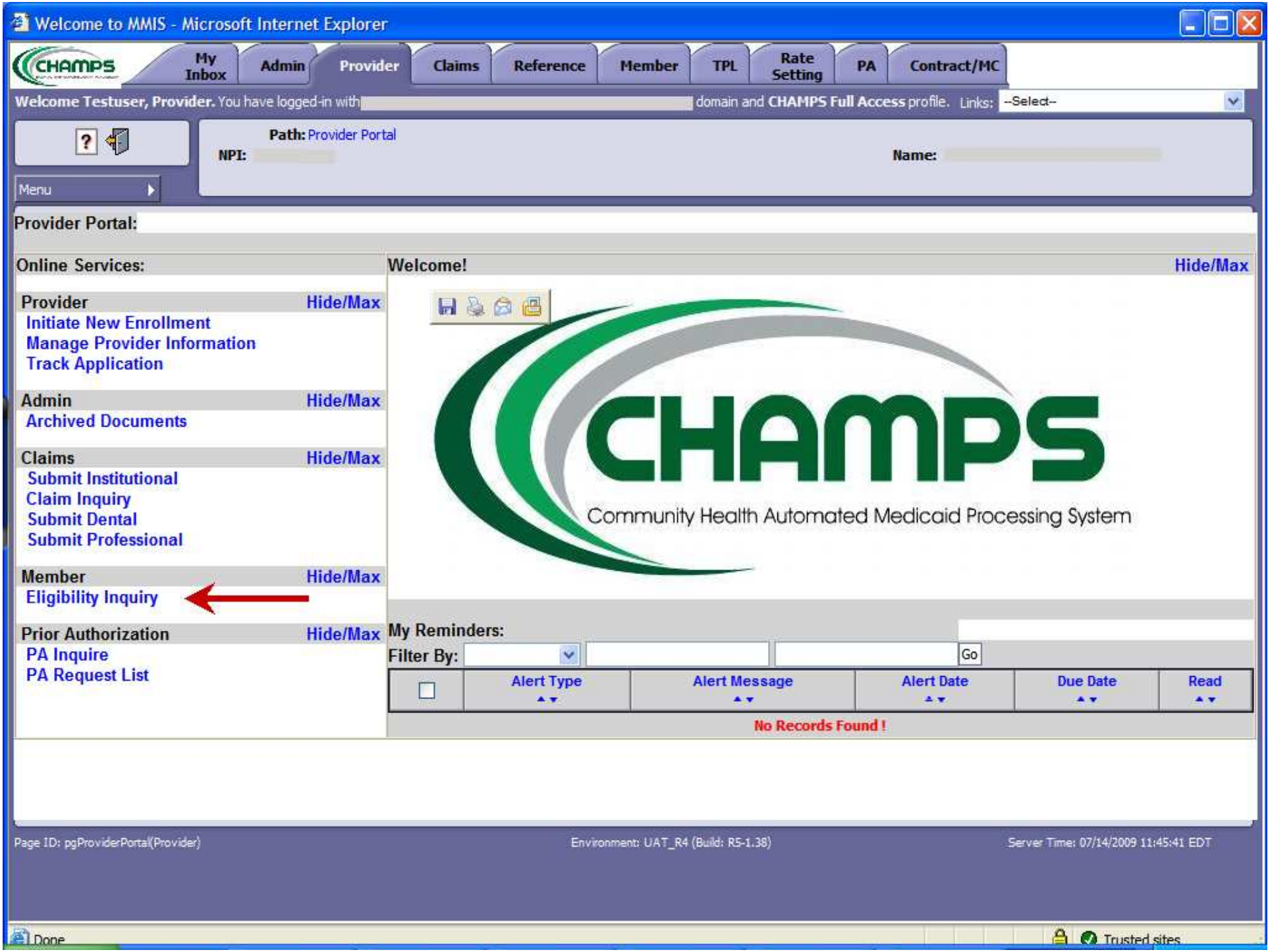


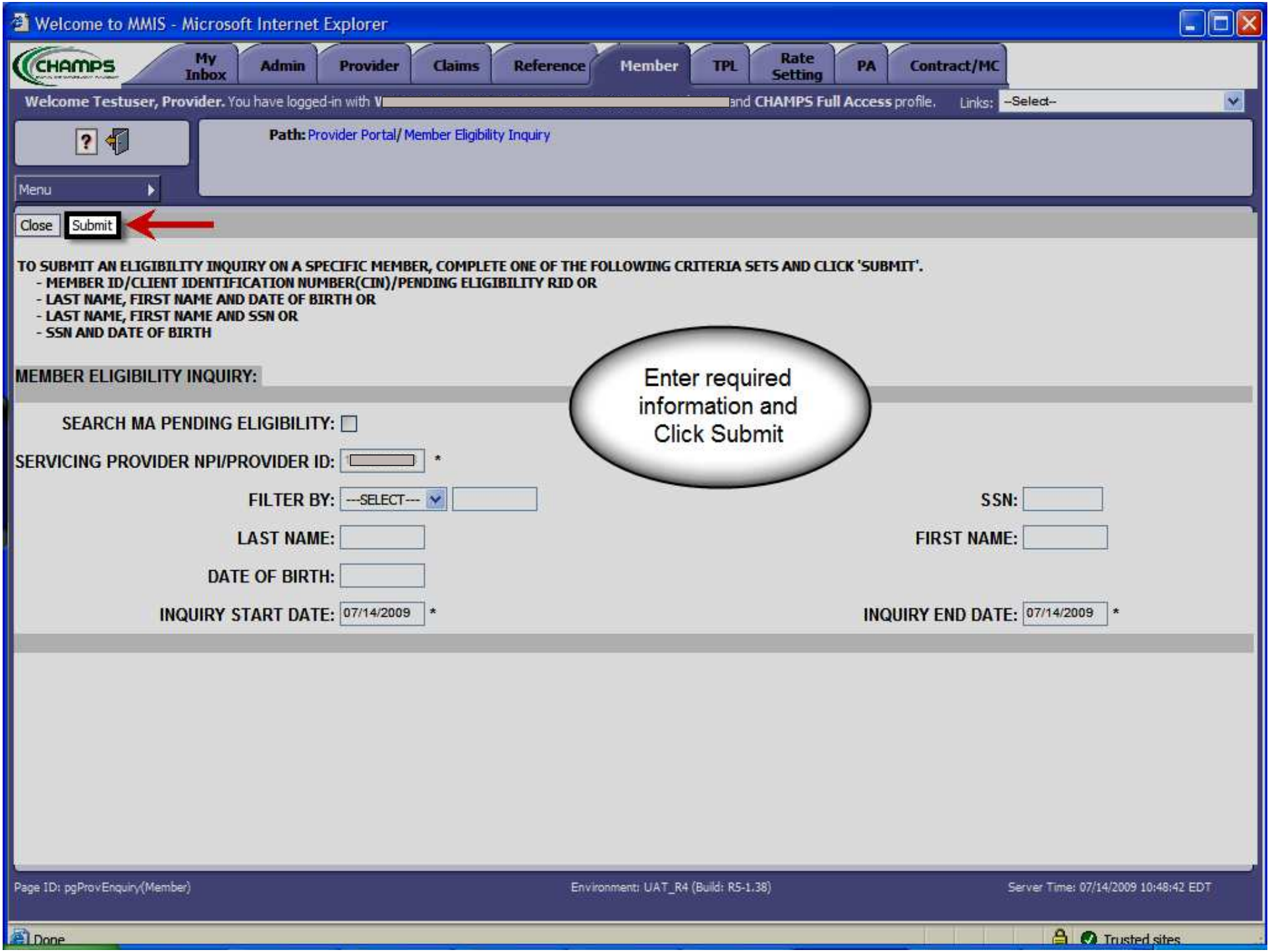
CHAMPS

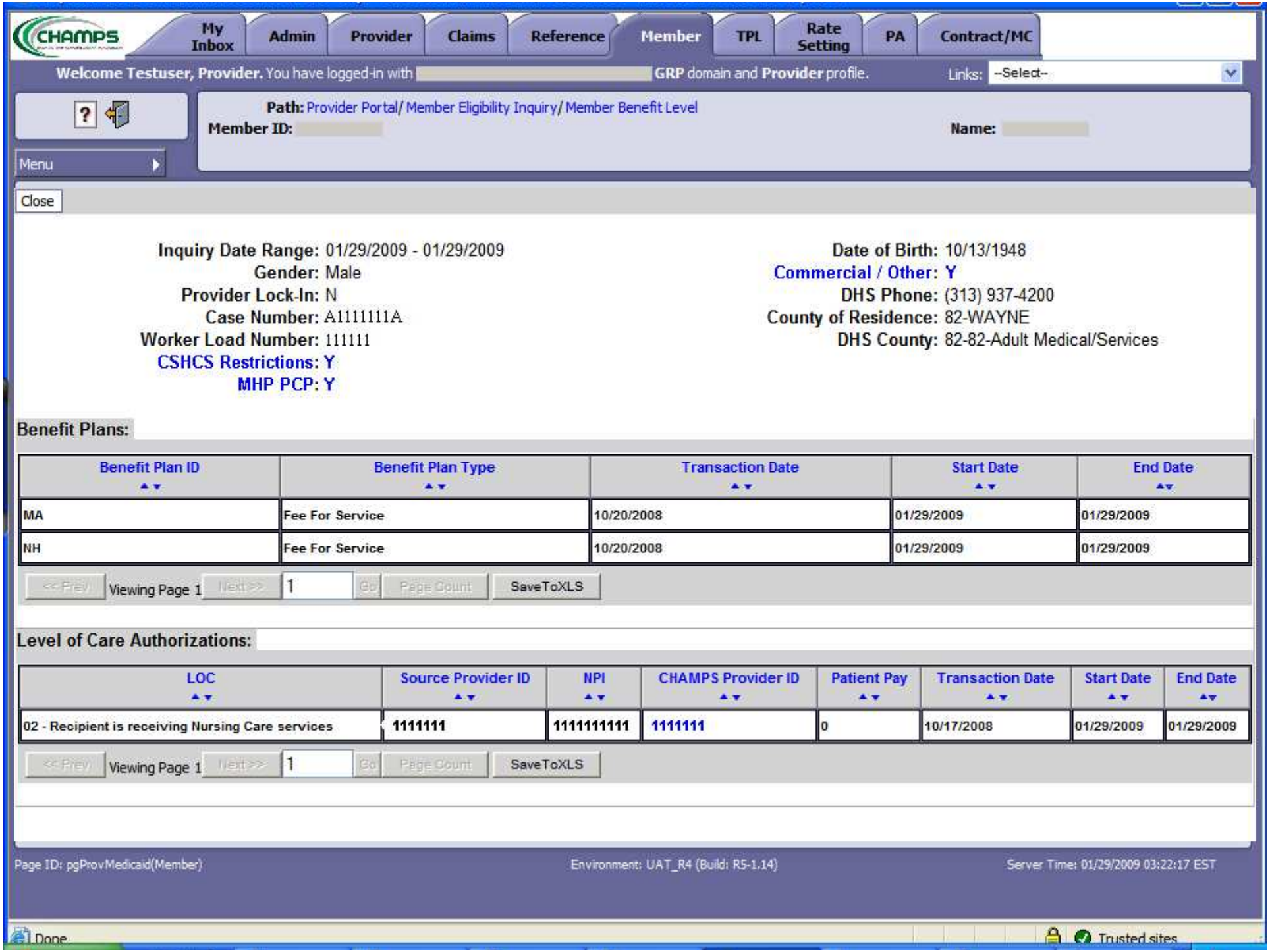
Third Party Liability
Payer ID

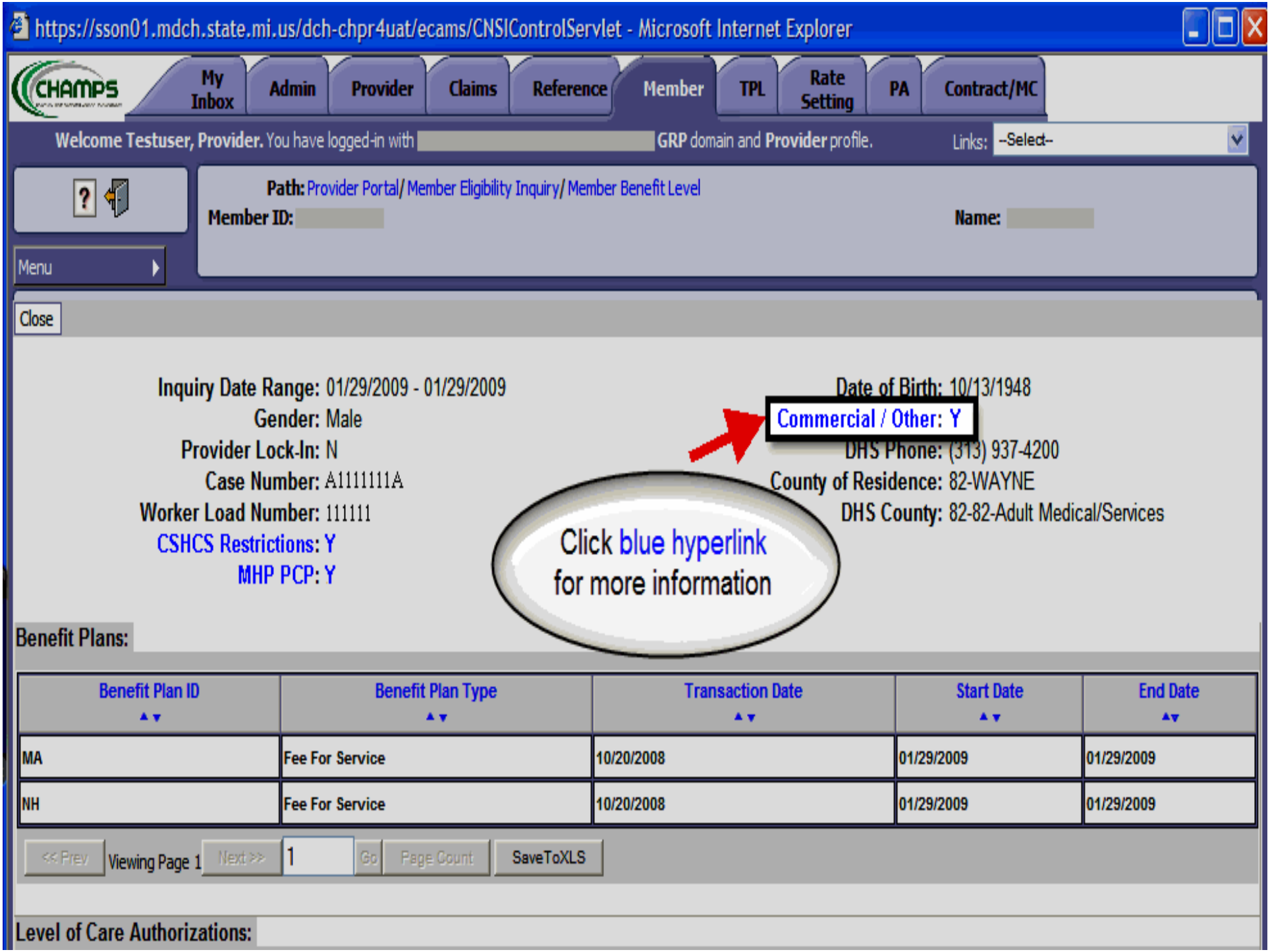
TPL Secondary/Tertiary Claims

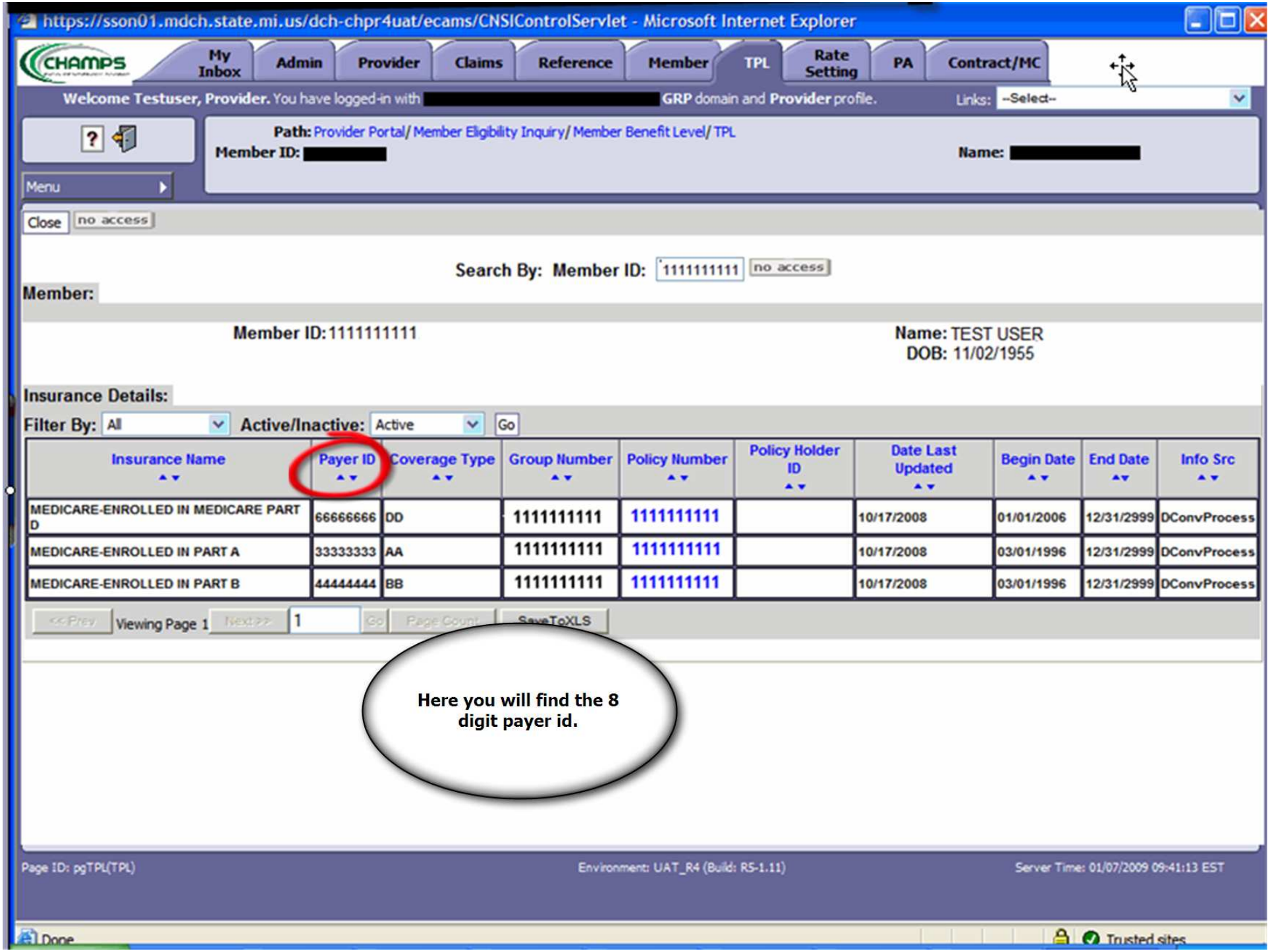
- CAS/Reason codes
  - www.wpc-edi.com/codes
  - Same as reported on primary EOB
  - CAS code 96 requires claim notes
- Primary insurance information should be reported from eligibility file screen when you submit claims/adjustment through CHAMPS
  - Group and Policy numbers
  - payer id


Welcome to MMIS - Microsoft Internet Explorer
CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome Testuser, Provider. You have logged-in with domain and CHAMPS Full Access profile. Links: --Select--
Path: Provider Portal
NPI:
Name:
Menu
Provider Portal:
Online Services:
Welcome!
Hide/Max
Provider
Initiate New Enrollment
Manage Provider Information
Track Application
Admin
Archived Documents
Claims
Submit Institutional
Claim Inquiry
Submit Dental
Submit Professional
Member
Eligibility Inquiry
Prior Authorization
PA Inquire
PA Request List
CHAMPS
Community Health Automated Medicaid Processing System
My Reminders:
Filter By:
Go
Alert Type
Alert Message
Alert Date
Due Date
Read
No Records Found !
Page ID: pgProviderPortal(Provider)
Environment: UAT_R4 (Build: R5-1.38)
Server Time: 07/14/2009 11:45:41 EDT
Done
Trusted sites


Welcome to MMIS - Microsoft Internet Explorer
CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome Testuser, Provider. You have logged-in with V and CHAMPS Full Access profile.
Links: --Select--
Path: Provider Portal/ Member Eligibility Inquiry
Menu
Close
Submit
TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.
- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
MEMBER ELIGIBILITY INQUIRY:
Enter required information and Click Submit
SEARCH MA PENDING ELIGIBILITY:
SERVICING PROVIDER NPI/PROVIDER ID: *
FILTER BY: ---SELECT---
SSN:
LAST NAME:
FIRST NAME:
DATE OF BIRTH:
INQUIRY START DATE: 07/14/2009 *
INQUIRY END DATE: 07/14/2009 *
Page ID: pgProvEnquiry(Member)
Environment: UAT_R4 (Build: R5-1.38)
Server Time: 07/14/2009 10:48:42 EDT
Done
Trusted sites


CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome Testuser, Provider. You have logged-in with GRP domain and Provider profile.
Links: --Select--
Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level
Member ID:
Name:
Menu
Close
Inquiry Date Range: 01/29/2009 - 01/29/2009
Gender: Male
Provider Lock-In: N
Case Number: A1111111A
Worker Load Number: 111111
CSHCS Restrictions: Y
MHP PCP: Y
Date of Birth: 10/13/1948
Commercial / Other: Y
DHS Phone: (313) 937-4200
County of Residence: 82-WAYNE
DHS County: 82-82-Adult Medical/Services
Benefit Plans:
Benefit Plan ID
Benefit Plan Type
Transaction Date
Start Date
End Date
MA
Fee For Service
10/20/2008
01/29/2009
01/29/2009
NH
Fee For Service
10/20/2008
01/29/2009
01/29/2009
<< Prev
Viewing Page 1
Next >>
1
Go
Page Count
SaveToXLS
Level of Care Authorizations:
LOC
Source Provider ID
NPI
CHAMPS Provider ID
Patient Pay
Transaction Date
Start Date
End Date
02 - Recipient is receiving Nursing Care services
1111111
1111111111
1111111
0
10/17/2008
01/29/2009
01/29/2009
<< Prev
Viewing Page 1
Next >>
1
Go
Page Count
SaveToXLS
Page ID: pgProvMedicaid(Member)
Environment: UAT_R4 (Build: R5-1.14)
Server Time: 01/29/2009 03:22:17 EST
Done
Trusted sites


https://sson01.mdch.state.mi.us/dch-chpr4uat/ecams/CNSIControlServlet - Microsoft Internet Explorer
CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome Testuser, Provider. You have logged-in with GRP domain and Provider profile.
Links: --Select--
Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level
Member ID:
Name:
Menu
Close
Inquiry Date Range: 01/29/2009 - 01/29/2009
Gender: Male
Provider Lock-In: N
Case Number: A1111111A
Worker Load Number: 111111
CSHCS Restrictions: Y
MHP PCP: Y
Date of Birth: 10/13/1948
Commercial / Other: Y
DHS Phone: (313) 937-4200
County of Residence: 82-WAYNE
DHS County: 82-82-Adult Medical/Services
Click blue hyperlink for more information
Benefit Plans:
Benefit Plan ID
Benefit Plan Type
Transaction Date
Start Date
End Date
MA
Fee For Service
10/20/2008
01/29/2009
01/29/2009
NH
Fee For Service
10/20/2008
01/29/2009
01/29/2009
<< Prev
Viewing Page 1
Next >>
1
Go
Page Count
SaveToXLS
Level of Care Authorizations:


https://sson01.mdch.state.mi.us/dch-chpr4uat/ecams/CNSIControlServlet - Microsoft Internet Explorer
CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome Testuser, Provider. You have logged-in with [redacted] GRP domain and Provider profile.
Links: --Select--
Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level/ TPL
Member ID: [redacted]
Name: [redacted]
Menu
Close
no access
Search By: Member ID: 1111111111
no access
Member:
Member ID: 1111111111
Name: TEST USER
DOB: 11/02/1955
Insurance Details:
Filter By: All
Active/Inactive: Active
Go
Insurance Name
Payer ID
Coverage Type
Group Number
Policy Number
Policy Holder ID
Date Last Updated
Begin Date
End Date
Info Src
MEDICARE-ENROLLED IN MEDICARE PART D
66666666
DD
1111111111
1111111111
10/17/2008
01/01/2006
12/31/2999
DConvProcess
MEDICARE-ENROLLED IN PART A
33333333
AA
1111111111
1111111111
10/17/2008
03/01/1996
12/31/2999
DConvProcess
MEDICARE-ENROLLED IN PART B
44444444
BB
1111111111
1111111111
10/17/2008
03/01/1996
12/31/2999
DConvProcess
<<Prev
Viewing Page 1
Next>>
1
Go
Page Count
SaveToXLS
Here you will find the 8 digit payer id.
Page ID: pgTPL(TPL)
Environment: UAT_R4 (Build: R5-1.11)
Server Time: 01/07/2009 09:41:13 EST
Done
Trusted sites

Common Denials

- CARC 18 RARC N30 – Duplicates
- CARC 16- Look for associated Remark Codes (RARC) could be multiple issues.
- CARC B5 RARC N10 – Exceed Limits
- CARC 24 RARC N130- Beneficiary Enrolled in Health Plan
- Reason and Remark Code Crosswalk.
- TOP SUSPENDS- Patient Enrolled in HMO

Ambulance Policy Tips

- MDCH reimburses ambulance when:
  - Medical/Surgical or psych emergencies exist
  - No other effective mode of transportation for medical treatment can be used
- A physician must order all covered services
  - Physician order must include:
    - Beneficiary Name and ID number
    - Explanation of ambulance need
    - Signature of physician and NPI
  - Emergency services do not require physician order

Ambulance Policy Tips (cont.)

- Reimbursement
  - MDCH will reimburse for the coinsurance and deductible amounts on Medicare approved claims even if Medicaid does not normally cover services
  - Check fee screens for reimbursement limitations on Medicare approved claims

Ambulance Policy Tips (cont.)

- Fixed Wing Air Ambulance
  - Prior Authorization (PA) is required
  - PA must include:
    - Transport, including ancillary services, ordered by physician
    - Written physician order
    - Transport by ground would endanger beneficiary's life
    - Care and medical services cannot be provided by local facility
    - Transport is for medical or surgical procedures

Ambulance Policy Tips (cont.)

- Helicopter Air Ambulance
  - MDCH will cover Helicopter services if:
    - Time/Distance in ground ambulance would be hazardous to patient
    - Care and medical services cannot be provided by local facility
    - Transport is for medical or surgical procedures
  - Coverage includes helicopter base rate, mileage, and waiting time

Ambulance Policy Tips (cont.)

- Base Rate
  - May bill one base rate procedure code
    - Basic Life Support (BLS) Non-emergency
    - BLS Emergency
    - Advanced Life Support (ALS) Non-emergency
    - ALS 1 Emergency
    - ALS 2
    - Neonatal Emergency Transport
    - Helicopter Air Ambulance
    - Fixed Wing Air Ambulance Transport
  - Medicaid will only pay for level of service required

Ambulance Policy Tips (cont.)

- Neonatal coverage includes:
  - Base rate
  - Loaded mileage
  - Waiting time that exceeds 30 minutes
  - Intensive care transport to approved designate intensive care units
  - Return trip of a newborn from a regional center to a community hospital (physician ordered)
- Hospital medical team must accompany newborn in the ambulance

Ambulance Policy Tips (cont.)

- Non-emergency transport
  - Claim may be made when provided in a licensed BLS or ALS vehicle
  - Physician can write a single prescription for a beneficiary with a chronic condition to a planned treatment that covers 1 month of treatment
  - Prescription must contain:
    - Type of transport
    - Why other means of transport couldn't be used
    - Frequency
    - Origin & Destination
    - Diagnosis & Medical necessity
  - Non-emergency transport in Medi-van or wheelchair-equipped car is not covered for ambulance providers

Ambulance Policy Tips (cont.)

- Multiple transports per beneficiary
  - Same date of service is covered when:
    - Beneficiary received different service on each transport
    - Beneficiary received same service on each transport
    - Services duplicated from multiple transports can be combined and billed on same line
    - Services not duplicated are billed on separate lines
    - Remarks section must detail (or details must be available in Documentation EZ-Link using standard worksheet)
      - Number of transports
      - Origin and Destination locations
      - Ambulance requestors name
      - Reason for multiple transports on same day
      - Number of times base rate was provided
      - Reason for transport other than diagnosis

Ambulance Policy Tips (cont.)

- Ambulance coverage exclusions:
  - Medi-Car/Van or wheelchair transports
  - Transport to funeral home
  - Trips that could be provided at beneficiary's location
  - Transportation of beneficiary pronounced dead before the ambulance was called
  - Round trips from/to hospital where beneficiary is an inpatient
  - Transport of inmates to/from correctional facility
  - Transports that are not medically necessary

Ambulance Policy Tips (cont.)

- Wait Time
  - Time deemed necessary to wait while patient is being stabilized
  - Reimbursable after first 30 minutes, max time, 4 hours
  - The appropriate number of time units must be reflected in the Quantity field.
    - One time unit represents each 30 minutes of waiting time after the first 30 minutes (i.e., total waiting time of 1 hour 30 minutes = 2 time units)
  - The Remarks section or claim attachment must include the following information:
    - Total length of waiting time, including the first 30 minutes
    - Name of the physician ordering the wait; and Reason for the wait

Ambulance Policy Tips (cont.)

- Mileage is reimbursable when:
  - Transport occurs
  - Loaded mileage only
  - Billed with appropriate modifier
    - Do not report modifier 22
  - When billing a mileage code, enter the number of whole miles the beneficiary was transported in the quantity field
  - Do not use decimals

Ambulance Policy Tips Modifiers

7.2 Ambulance

7.2.A. Origin and Destination Modifiers

When billing for ambulance services, appropriate origin and destination modifies must be included on any service line when billing for mileage. The first character of the modifier is the origin code and the second character of the modifier is the destination code (e.g., use modifier RH for a transport from the residence to the hospital).

Modifier	Description
D	Diagnosis or therapeutic site other than "P" or "H" when these are used as origin codes
E	Residential domiciliary custodial facility (other than a Medicare/Medicaid facility)
G	Hospital based dialysis facility
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between modes of transportation
J	Non hospital-based dialysis facility
N	Skilled Nursing Facility (SNF) (Medicare/Medicaid facility)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	(Destination code only) Intermediate stop at a physician's office on the way to the hospital

Ambulance Policy Tips Modifiers (cont.)

7.2.B. MULTIPLE PATIENTS TRANSPORT

When billing for a transport when more than one patient is transported at one time, the appropriate modifier must be reported on the service line for the transport for the second or subsequent patient being transported.

Modifier	Description	Special Instructions
GM	Multiple patients on one ambulance trip	Enter on the transport service line for second or subsequent patient when more than one patient is transported. Reduces reimbursement for the second or subsequent patient transported. Do not report for the first patient.

Ambulance Policy Tips -MHP

- **1.1 SERVICES COVERED BY MEDICAID HEALTH PLANS (MHPS)**
  - The following services must be covered by MHPs:
    - Ambulance and other emergency medical transportation
    - Medically necessary transportation for enrollees without other transportation options

- **1.2 SERVICES EXCLUDED FROM MHP COVERAGE BUT COVERED BY MEDICAID**
  - The following Medicaid services are not covered by MHPs:
    - Mental health services outside the MHP's contractual responsibility
    - Transportation for services not covered by the MHP

Questions?